

114.3 CMR 17.00: MEDICINE

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17.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 17.00 governs the rates of payment used by all governmental units for medical and related anesthesia care services rendered to publicly-aided patients by eligible providers. 114.3 CMR 17.00 is effective on and after July 17, 2005. Rates for services rendered to individuals covered by the Worker's Compensation Act, M.G.L. c. 152, are set forth at 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 17.00 and the rates of payment contained herein shall apply in the following situations:

- (a) Medical services rendered to patients in a private medical office, licensed clinic, facility, hospital outpatient department, patient's residence or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.
- (b) Medical services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with such facility to provide medical services, and who bills separately and apart from such facility for medical services rendered.

The rates of payment under 114.3 CMR 17.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided.

(3) Disclaimer of Authorization of Services. 114.3 CMR 17.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 17.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

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- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
  - (b) deleted codes for which there are no corresponding new codes; and
  - (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
- (5) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 17.00.

17.02: General Definitions

(1) Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 17.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology*, copyright 2004 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2005 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 17.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 17.00 shall have the meanings set forth in 114.3 CMR 17.02.

Confirmatory (Additional Opinion) Consultation. When the consulting physician is aware of the confirmatory nature of the opinion that is sought (e.g., when a patient requests a second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).

Consultation. A type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.

A physician consultant may initiate diagnostic and/or therapeutic services.

The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were

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ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

Any specifically identifiable procedure (i.e., identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.

If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). A program of health screening and other medical services for publicly-assisted individuals under the age of 21 as required by federal law. Refer to 114.3 17.03(4) for reimbursement guidelines.

Eligible Provider. A licensed physician or licensed osteopath, licensed podiatrist, other than an intern, resident, fellow or house officer, who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit.

A provider of diagnostic medical services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, MRI centers, independent diagnostic testing facilities (IDTFs), portable x-ray providers and mammography vans. These eligible providers may not be owned by a hospital, physician or physician group practice. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulations 105 CMR 140.000 to provide medical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

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A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

Established Patient. A patient who has received professional services from the physician within the past three years.

Facility Setting.

Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or free standing ambulatory surgical center (ASC) will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Independent (Nurse Practitioner or Nurse Midwife): Qualified and eligible to bill as a MassHealth Provider. *See* Eligible Mid-Level Practitioner.

Individual Consideration. Medical services, which are authorized but not listed herein, medical services performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative-value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth at 114.3 CMR 31.00; and
- (h) a copy of the current invoice from the supplier.

Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the

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wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians.

Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes.

For a full discussion of the levels of E/M services, refer to the 2004 CPT handbook.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number or letters.

New Patient. A patient who has not received any professional services from the physician within the past three years.

Physical Medicine. The physical medicine procedure codes apply only when:

- a) the physician prescribed the needed therapy; and
- b) the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one physician to another. For the purposes of 114.3 CMR 17.00 a referral is not a consultation.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 17.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

17.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 17.00 applies shall be the lowest of:

- (a) The eligible provider's usual fee to patients other than publicly-aided; or
- (b) The eligible provider's actual charge submitted; or

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- (c) The schedule of allowable fees set forth in 114.3 CMR 17.04(4) in accordance with 114.3 CMR 17.03.

(2) Supplemental Payment

- (a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St. 1997, c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

- (b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 17.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

- (3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 17.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

- (4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payment for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 17.02 is 85% of the fees contained in 114.3 CMR 17.04(4). This rule does not apply to the EPSDT add-on code S0302 described in 114.3 CMR 17.03(4).

- (5) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Add-On Code. To identify a well child office visit in accordance with the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 114.3 CMR 17.04(4). S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

- (6) Services and Payments Covered Under Other Regulations. Rules and reimbursement rates for services listed herein are contained in other Division regulations.

Regulation Title	Regulation Number	Affected Services
Chiropractic Care	114.3 CMR 28.00	Chiropractic Manipulation Codes 98940 to 98943
Rehabilitation Clinic	114.3 CMR 39.00	Audiologic Codes

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Regulation Title	Regulation Number	Affected Services
Services, Audiology Services and Restorative Services		92590 to 92595
Vision Care Services and Ophthalmic Materials	114.3 CMR 15.00	Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

17.04: Maximum Allowable Fees

(1) Drugs, Medications, Supplies and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines and immune globulins administered in a physician's office shall be the lower of the fee listed in 114.3 CMR 17.04(4) or the current Medicare fee.

(b) Supplies and materials used in preparation for or as part of a procedure (e.g., bandages, laboratory kits, syringes or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge shall be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), e.g., venipuncture, urine, fecal and sputum samples, culturing, swabbing and scraping for removal of tissues.

(c) Where applicable, payment for drugs, medicines, supplies, and related materials dispensed to patients shall be in accordance with rates which are the subject matter of other regulations that may be in effect and germane to the item in question (e.g., laboratory, pharmacy, medical supplies, etc.) not to exceed the cost of the item to the physician.

In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code (99070).

(d) Payment for drugs and/ or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment are not reimbursable. Such drugs are commonly provided without charge or are included in the physician's fee for the service.

Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items.

When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. However, when the immunization or injection is not the primary purpose of the office or other outpatient visit, a provider may bill for both the visit and the immunization or injectable material, but not for its administration.

- (2) Unless otherwise specified, guidelines, notes and definitions provided in the 2004 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(3) Modifiers

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the appropriate procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 17.04(4) to be paid.

-50: Bilateral Procedures. Unless otherwise identified in the procedure code listing, bilateral procedures performed at the same operative session must be identified by the appropriate service code describing the first procedure. The second bilateral procedure is identified by adding the modifier '50' to the end of the service code. The addition of the modifier '50' to the second bilateral codes allows 50% of the allowable fee contained in 114.3 CMR 17.04(4) to be paid to the eligible provider for the second bilateral procedure.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '51' to the end of the service code for the secondary procedure(s). The addition of the modifier '51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 17.04(4) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Service. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of the modifier '-52' signifying that the service is reduced.

-GO: Services delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.

-GP: Services delivered personally by a physical therapist or under an outpatient physical therapy plan of care.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)



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-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-SL: State Supplied Vaccine. (This modifier should only be applied to codes 90471 and 90473 to identify vaccines administered under the Vaccine for Children Program (VFC) for individuals ages 18 years and under.)

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 17.04(4) to be paid.

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(4) Fee Schedule

NFAC – These amounts apply when service is performed in a non-facility setting

FAC – These amounts apply when service is performed in a facility setting

Global Fee – These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90281			I.C.			Immune globulin (Ig), human, for intramuscular use
90283			I.C.			Immune globulin (IgIV), human, for intravenous use
90287			I.C.			Botulinum antitoxin, equine, any route
90288			I.C.			Botulism immune globulin, human, for intravenous use
90291			I.C.			Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90296			I.C.			Diphtheria antitoxin, equine, any route
90371			113.57			Hepatitis B immune globulin (HBIG), human, for intramuscular use
90375			62.06			Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use
90376			66.31			Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use
90378			I.C.			Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
90379			I.C.			Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
90384			102.36			Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use
90385			25.77			Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use
90386			13.40			Rho(D) immune globulin (RhIGIV), human, for intravenous use
90389			68.47			Tetanus immune globulin (TIG), human, for intramuscular use
90393			I.C.			Vaccinia immune globulin, human, for intramuscular use
90396			109.82			Varicella-zoster immune globulin, human, for intramuscular use
90399			I.C.			Unlisted immune globulin
90465			14.41			Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90465-SL			15.78			Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90466			8.26			Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (Use 90466 in conjunction with 90465 or 90467)

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90467			I.C.			Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90467-SL			15.78			Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90468			I.C.			Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (Use 90468 in conjunction with 90465 or 90467)
90471			14.41			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90471-SL			15.78			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) (State Supplied Vaccine) (Only to be used for administration of Vaccine for Children (VFC) pediatric vaccines for individuals ages 18 years and under.) (Not in conjunction with an office visit or other outpatient visit)
90472			8.26			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473			I.C.			Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90473-SL			15.78			Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) (State Supplied Vaccine) (Only to be used for administration of Vaccine for Children (VFC) pediatric vaccines for individuals ages 18 years and under.) (Not in conjunction with an office visit or other outpatient visit)
90474			I.C.			Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90476			I.C.			Adenovirus vaccine, type 4, live, for oral use
90477			I.C.			Adenovirus vaccine, type 7, live, for oral use
90581			I.C.			Anthrax vaccine, for subcutaneous use
90585			122.54			Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586			118.41			Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90632			44.43			Hepatitis A vaccine, adult dosage, for intramuscular use
90633			21.95			Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634			25.60			Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636			I.C.			Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use

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90645			23.52			Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule),for intramuscular use
90646			I.C.			Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster useonly, intramuscular use
90647			20.42			Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 doseschedule), for intramuscular use
90648			I.C.			Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule),for intramuscular use
90655			10.10			Influenza virus vaccine, split virus, preservative free, for children6-35 months of age, for intramuscular use
90656			10.10			Influenza virus vaccine, split virus, preservative free, for use inindividuals 3 years and above, for intramuscular use
90657			10.10			Influenza virus vaccine, split virus, for children 6-35 months of age,for intramuscular use
90658			10.10			Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
90660			I.C.			Influenza virus vaccine, live, for intranasal use
90665			I.C.			Lyme disease vaccine, adult dosage, for intramuscular use
90669			I.C.			Pneumococcal conjugate vaccine, polyvalent, for children under 5 years,for intramuscular use
90675			115.02			Rabies vaccine, for intramuscular use
90676			121.83			Rabies vaccine, for intradermal use
90680			I.C.			Rotavirus vaccine, tetravalent, live, for oral use
90690			I.C.			Typhoid vaccine, live, oral
90691			34.97			Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscularuse
90692			I.C.			Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous orintradermal use
90693			I.C.			Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S.military)
90698			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilusinfluenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib -IPV), for intramuscular use
90700			12.81			Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), foruse in individuals younger than 7 years, for intramuscular use
90701			I.C.			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), forintramuscular use
90702			I.C.			Diphtheria and tetanus toxoids (DT) adsorbed for use in individualsyounger than 7 years, for intramuscular use
90703			14.53			Tetanus toxoid adsorbed, for intramuscular use
90704			17.81			Mumps virus vaccine, live, for subcutaneous use
90705			13.68			Measles virus vaccine, live, for subcutaneous use
90706			14.98			Rubella virus vaccine, live, for subcutaneous use
90707			35.96			Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneoususe
90708			I.C.			Measles and rubella virus vaccine, live, for subcutaneous use
90710			I.C.			Measles, mumps, rubella, and varicella vaccine (MMRV), live, forsubcutaneous use
90712			I.C.			Poliovirus vaccine, (any type(s)) (OPV), live, for oral use
90713			21.65			Poliovirus vaccine, inactivated, (IPV), for subcutaneous use

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90715			I.C.			Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716			63.23			Varicella virus vaccine, live, for subcutaneous use
90717			49.26			Yellow fever vaccine, live, for subcutaneous use
90718			9.25			Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use
90719			I.C.			Diphtheria toxoid, for intramuscular use
90720			28.34			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721			41.13			Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90725			I.C.			Cholera vaccine for injectable use
90727			I.C.			Plague vaccine, for intramuscular use
90732			23.28			Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use
90733			55.21			Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734			I.C.			Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetra-valent), for intramuscular use
90735			82.14			Japanese encephalitis virus vaccine, for subcutaneous use
90740			116.87			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 doses schedule), for intramuscular use
90743			67.93			Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744			68.38			Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746			56.96			Hepatitis B vaccine, adult dosage, for intramuscular use
90747			113.91			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 doses schedule), for intramuscular use
90748			I.C.			Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90749			I.C.			Unlisted vaccine/toxoid
90780			73.12			Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour
90781			19.73			Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; each additional hour, up to eight (8) hours (List separately in addition to code for primary procedure)
90782			14.72			Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular
90783			14.62			Therapeutic, prophylactic or diagnostic injection (specify material injected); intra-arterial
90784			30.34			Therapeutic, prophylactic or diagnostic injection (specify material injected); intravenous
90788			12.85			Intramuscular injection of antibiotic (specify)

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90799			I.C.			Unlisted therapeutic, prophylactic or diagnostic injection
90801	112.47	104.98				Psychiatric diagnostic interview examination
90802	119.21	112.34				Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	48.11	44.68				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90805	52.68	50.18				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	72.38	69.26				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90807	76.63	74.45				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	107.84	103.78				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90809	111.37	108.87				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	51.88	49.07				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90811	58.00	54.57				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90812	78.11	73.43				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90813	81.74	78.62				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90814	112.95	109.20				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90815	115.86	112.74				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services

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90816			48.24			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90817			52.71			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818			72.86			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90819			75.87			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90821			108.28			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90822			110.87			Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90823			51.79			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90824			56.57			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826			76.99			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90827			79.73			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828			112.76			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;

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90829			114.74			Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90845	66.56	65.62				Psychoanalysis
90846			70.02			Family psychotherapy (without the patient present)
90847	85.43	83.56				Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	24.54	23.61				Multiple-family group psychotherapy
90853	23.92	23.30				Group psychotherapy (other than of a multiple-family group)
90857	26.23	24.98				Interactive group psychotherapy
90862	38.17	35.68				Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90865	120.32	106.28				Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90870	111.30	69.48				Electroconvulsive therapy (includes necessary monitoring); single seizure
90871			107.22			Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day
90875	60.86	47.12				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	87.80	74.38				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
90880	91.98	81.06				Hypnotherapy
90882			35.14			Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885			37.77			Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	65.81	57.69				Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889			I.C.			Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899			I.C.			Unlisted psychiatric service or procedure
90901	31.62	15.70				Biofeedback training by any modality
90911	73.42	34.41				Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry



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90918			495.17			End stage renal disease (ESRD) related services per full month; for patients under two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90919			357.88			End stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90920			315.02			End stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90921			197.75			End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over
90922			16.61			End stage renal disease (ESRD) related services (less than full month), per day; for patients under two years of age
90923			11.72			End stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age
90924			10.34			End stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age
90925			6.70			End stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and over
90935			54.21			Hemodialysis procedure with single physician evaluation
90937			87.88			Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90939			I.C.			Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection
90940			I.C.			Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; measurement and disconnection
90945			56.43			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947			89.84			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
90989			I.C.			Dialysis training, patient, including helper where applicable, any mode, completed course
90993			I.C.			Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997			70.81			Hemoperfusion (eg, with activated charcoal or resin)
90999			I.C.			Unlisted dialysis procedure, inpatient or outpatient
91000			30.57	27.86	2.71	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91010			173.44	48.26	125.18	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;
91011			205.90	57.93	147.97	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyl or similar stimulant

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91012			221.27	56.24	165.03	Esophageal motility (manometric study of the esophagus and/orgastroesophageal junction) study; with acid perfusion studies
91020			182.14	55.08	127.06	Gastric motility (manometric) studies
91030			101.32	35.04	66.28	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034			191.90	37.69	154.21	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035			381.91	61.04	320.87	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037			119.81	37.69	82.12	Esophageal function test, gastroesophageal reflux test with nasalcatheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038			101.11	42.71	58.40	Esophageal function test, gastroesophageal reflux test with nasalcatheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
91040			375.72	37.69	338.03	Esophageal balloon distension provocation study
91052			98.75	30.60	68.15	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)
91055			118.25	34.49	83.76	Gastric intubation, washings, and preparing slides for cytology (separate procedure)
91060			74.21	16.98	57.23	Gastric saline load test
91065			51.53	7.72	43.81	Breath hydrogen test (eg, for detection of lactase deficiency), fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91100	117.29	38.96				Intestinal bleeding tube, passage, positioning and monitoring
91105	76.02	13.29				Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
91110			792.44	138.67	653.77	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91120			370.82	37.90	332.92	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122			210.51	68.36	142.15	Anorectal manometry
91123			I.C.			Pulsed irrigation of fecal impaction
91132				20.09		Electrogastrography, diagnostic, transcutaneous;
91133				25.37		Electrogastrography, diagnostic, transcutaneous; with provocative testing
91299			I.C.			Unlisted diagnostic gastroenterology procedure
92002	54.10	34.44				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	98.32	66.49				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
92012	50.39	27.30				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

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92014	73.90	44.56				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
92015	56.82	15.00				Determination of refractive state
92018			101.37			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019			52.96			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	20.66	15.05				Gonioscopy (separate procedure)
92060			41.78	27.83	13.95	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065			26.8	14.73	12.07	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92070	52.44	29.03				Fitting of contact lens for treatment of disease, including supply of lens
92081			39.34	14.47	24.87	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082			50.51	17.84	32.67	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083			58.36	20.38	37.98	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	67.03	36.13				Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92120	55.36	31.96				Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130	61.92	33.52				Tonography with water provocation
92135			34.39	14.20	20.19	Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral
92136			67.56	22.06	45.50	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	44.41	20.06				Provocative tests for glaucoma, with interpretation and report, without tonography
92225	17.19	15.31				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial

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92226	15.54	13.36				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92230	64.13	22.63				Fluorescein angiography with interpretation and report
92235			104.71	33.52	71.19	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240			221.56	45.50	176.06	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250			59.87	17.84	42.03	Fundus photography with interpretation and report
92260	13.65	8.34				Ophthalmodynamometry
92265			69.32	31.13	38.19	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
92270			70.36	32.48	37.88	Electro-oculography with interpretation and report
92275			88.47	40.92	47.55	Electroretinography with interpretation and report
92283			31.17	6.92	24.25	Color vision examination, extended, eg, anomaloscope or equivalent
92284			65.48	9.09	56.39	Dark adaptation examination with interpretation and report
92285			36.64	8.34	28.30	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)
92286			113.60	27.03	86.57	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287	96.25	31.64				Special anterior segment photography with interpretation and report; with fluorescein angiography
92310	66.92	46.01				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	63.38	40.29				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
92312	67.86	49.75				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	57.98	33.94				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens
92314	47.90	26.99				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	38.71	17.17				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye
92316	46.91	27.56				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	41.52	16.86				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens

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92325			12.70			Modification of contact lens (separate procedure), with medical supervision of adaptation
92326			52.16			Replacement of contact lens
92330	60.26	39.35				Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation
92335	40.27	17.17				Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation
92352	31.28	14.42				Fitting of spectacle prosthesis for aphakia; monofocal
92353	36.51	19.65				Fitting of spectacle prosthesis for aphakia; multifocal
92354			278.65			Fitting of spectacle mounted low vision aid; single element system
92355			135.35			Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358			31.34			Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371			19.78			Repair and refitting spectacles; spectacle prosthesis for aphakia
92390			I.C.			Supply of spectacles, except prosthesis for aphakia and low vision aids
92391			I.C.			Supply of contact lenses, except prosthesis for aphakia
92392			118.71			Supply of low vision aids (A low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.)
92393			379.22			Supply of ocular prosthesis (artificial eye)
92395			42.09			Supply of permanent prosthesis for aphakia; spectacles
92396			68.91			Supply of permanent prosthesis for aphakia; contact lenses
92499			I.C.			Unlisted ophthalmological service or procedure
92502			75.87			Otolaryngologic examination under general anesthesia
92504	20.61	7.81				Binocular microscopy (separate diagnostic procedure)
92506	104.34	36.00				Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status
92507	48.90	21.43				Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
92508	23.04	10.87				Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals
92510	106.30	66.98				Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming
92511	126.28	47.32				Nasopharyngoscopy with endoscope (separate procedure)
92512	50.63	20.67				Nasal function studies (eg, rhinomanometry)
92516	49.10	18.51				Facial nerve function studies (eg, electroneuronography)
92520	36.77	33.02				Laryngeal function studies
92526	66.24	21.30				Treatment of swallowing dysfunction and/or oral function for feeding
92531			I.C.			Spontaneous nystagmus, including gaze
92532			I.C.			Positional nystagmus test
92533			I.C.			Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)

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92534			I.C.			Optokinetic nystagmus test
92541			43.63	16.99	26.64	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542			44.99	13.98	31.01	Positional nystagmus test, minimum of 4 positions, with recording
92543			20.87	4.43	16.44	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544			35.64	10.87	24.77	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545			31.72	9.76	21.96	Oscillating tracking test, with recording
92546			70.15	11.98	58.17	Sinusoidal vertical axis rotational testing
92547			3.78			Use of vertical electrodes (List separately in addition to code for primary procedure)
92548			86.73	21.84	64.89	Computerized dynamic posturography
92551			23.00			Screening test, pure tone, air only
92552			14.59			Pure tone audiometry (threshold); air only
92553			21.88			Pure tone audiometry (threshold); air and bone
92555			12.72			Speech audiometry threshold;
92556			19.07			Speech audiometry threshold; with speech recognition
92557			39.71			Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92559			I.C.			Audiometric testing of groups
92560			I.C.			Bekesy audiometry; screening
92561			23.75			Bekesy audiometry; diagnostic
92562			13.65			Loudness balance test, alternate binaural or monaural
92563			12.72			Tone decay test
92564			15.74			Short increment sensitivity index (SISI)
92565			13.34			Stenger test, pure tone
92567			17.51			Tympanometry (impedance testing)
92568			12.72			Acoustic reflex testing
92569			13.65			Acoustic reflex decay test
92571			13.03			Filtered speech test
92572			3.02			Staggered spondaic word test
92573			11.78			Lombard test
92575			9.79			Sensorineural acuity level test
92576			14.80			Synthetic sentence identification test
92577			23.97			Stenger test, speech
92579			24.07			Visual reinforcement audiometry (VRA)
92582			24.07			Conditioning play audiometry
92583			29.49			Select picture audiometry
92584			81.58			Electrocochleography
92585			81.22	20.49	60.73	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586			60.73			Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587			48.78	5.54	43.24	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

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92588			63.44	14.78	48.66	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92596			19.70			Ear protector attenuation measurements
92597	76.26	37.56				Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601			110.73			Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
92602			75.78			Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
92603			68.29			Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604			43.63			Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605			I.C.			Evaluation for prescription of non-speech-generating augmentative and alternative communication device
92606			I.C.			Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607			97.19			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608			18.24			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609			50.48			Therapeutic services for the use of speech-generating device, including programming and modification
92610			108.76			Evaluation of oral and pharyngeal swallowing function
92611			108.76			Motion fluoroscopic evaluation of swallowing function by cine or videorecording
92612	120.14	55.23				Flexible fiberoptic endoscopic evaluation of swallowing by cine or videorecording;
92613	32.43	32.12				Flexible fiberoptic endoscopic evaluation of swallowing by cine or videorecording; physician interpretation and report only
92614	112.65	55.23				Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615			28.75			Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	157.08	82.18				Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617			35.81			Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92620			36.86			Evaluation of central auditory function, with report; initial 60 minutes
92621			9.09			Evaluation of central auditory function, with report; each additional 15 minutes
92625			36.24			Assessment of tinnitus (includes pitch, loudness matching, and masking)
92700			I.C.			Unlisted otorhinolaryngological service or procedure
92950	237.43	136.62				Cardiopulmonary resuscitation (eg, in cardiac arrest)

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92953			8.73			Temporary transcatheter pacing
92960	258.48	98.06				Cardioversion, elective, electrical conversion of arrhythmia; external
92961			193.18			Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970			130.49			Cardioassist-method of circulatory assist; internal
92971			74.88			Cardioassist-method of circulatory assist; external
92973			132.41			Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)
92974			121.10			Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975			285.15			Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977			261.08			Thrombolysis, coronary; by intravenous infusion
92978			218.76	71.31	147.45	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
92979			131.31	57.06	74.25	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
92980			593.20			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981			164.28			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)
92982			440.33			Percutaneous transluminal coronary balloon angioplasty; single vessel
92984			117.11			Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92986			963.11			Percutaneous balloon valvuloplasty; aortic valve
92987			999.33			Percutaneous balloon valvuloplasty; mitral valve
92990			782.77			Percutaneous balloon valvuloplasty; pulmonary valve
92992			I.C.			Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)
92993			I.C.			Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)
92995			484.12			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
92996			128.47			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92997			478.86			Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998			233.94			Percutaneous transluminal pulmonary artery balloon angioplasty;



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						each additional vessel (List separately in addition to code for primary procedure)
93000			21.08			Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005			14.47			Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010			6.61			Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93012			191.42			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; tracing only
93014			20.19			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only
93015			84.11			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93016			17.70			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report
93017			54.79			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018			11.62			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024			82.90	46.23	36.67	Ergonovine provocation test
93025			259.82	29.64	230.18	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040			10.92			Rhythm ECG, one to three leads; with interpretation and report
93041			4.90			Rhythm ECG, one to three leads; tracing only without interpretation and report
93042			6.03			Rhythm ECG, one to three leads; interpretation and report only
93224			131.63			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225			40.41			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)
93226			71.03			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report
93227			20.19			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation
93230			140.80			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without

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						superimposition scanningutilizing a device capable of producing a full miniaturized printout;includes recording, microprocessor-based analysis with report,physician review and interpretation
93231			49.79			Electrocardiographic monitoring for 24 hours by continuous original ECGwaveform recording and storage without superimposition scanningutilizing a device capable of producing a full miniaturized printout;recording (includes hook-up, recording, and disconnection)
93232			70.82			Electrocardiographic monitoring for 24 hours by continuous original ECGwaveform recording and storage without superimposition scanningutilizing a device capable of producing a full miniaturized printout;microprocessor-based analysis with report
93233			20.19			Electrocardiographic monitoring for 24 hours by continuous original ECGwaveform recording and storage without superimposition scanningutilizing a device capable of producing a full miniaturized printout;physician review and interpretation
93235			102.15			Electrocardiographic monitoring for 24 hours by continuous computerizedmonitoring and non-continuous recording, and real-time data analysisutilizing a device capable of producing intermittent full-sizedwaveform tracings, possibly patient activated; includes monitoring andreal-time data analysis with report, physician review andinterpretation
93236			84.76			Electrocardiographic monitoring for 24 hours by continuous computerizedmonitoring and non-continuous recording, and real-time data analysisutilizing a device capable of producing intermittent full-sizedwaveform tracings, possibly patient activated; monitoring and real-timedata analysis with report
93237			17.39			Electrocardiographic monitoring for 24 hours by continuous computerizedmonitoring and non-continuous recording, and real-time data analysisutilizing a device capable of producing intermittent full-sizedwaveform tracings, possibly patient activated; physician review andinterpretation
93268			252.02			Patient demand single or multiple event recording with presymptom memoryloop, 24-hour attended monitoring, per 30 day period of time; includestransmission, physician review and interpretation
93270			40.41			Patient demand single or multiple event recording with presymptom memoryloop, 24-hour attended monitoring, per 30 day period of time; recording(includes hook-up, recording, and disconnection)
93271			191.42			Patient demand single or multiple event recording with presymptom memoryloop, 24-hour attended monitoring, per 30 day period of time;monitoring, receipt of transmissions, and analysis
93272			20.19			Patient demand single or multiple event recording with presymptom memoryloop, 24-hour attended monitoring, per 30 day period of time; physicianreview and interpretation only
93278			48.23	9.98	38.25	Signal-averaged electrocardiography (SAECG), with or without ECG
93303			175.80	50.41	125.39	Transthoracic echocardiography for congenital cardiac anomalies;complete
93304			92.66	29.33	63.33	Transthoracic echocardiography for congenital cardiac anomalies;follow-up or limited study

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93307			161.42	36.03	125.39	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308			84.09	20.76	63.33	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312			209.05	84.87	124.18	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313			33.10			Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314			173.16	48.98	124.18	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315			223.25	107.80	115.45	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316			33.82			Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317			186.74	71.29	115.45	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318				76.48		Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320			70.94	15.00	55.94	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321			42.43	6.08	36.35	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325			98.01	3.01	95.00	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350			115.93	58.22	57.71	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
93501			670.61	120.7	549.91	Right heart catheterization
93503			102.89			Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505			240.71	175.49	65.22	Endomyocardial biopsy
93508			586.82	179.67	407.15	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization
93510			1391.44	189.03	1202.41	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
93511			1387.47	217.14	1170.33	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown

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93514			1465.40	295.07	1170.33	Left heart catheterization by left ventricular puncture
93524			1823.31	293.76	1529.55	Combined transseptal and retrograde left heart catheterization
93526			1827.23	255.5	1571.73	Combined right heart catheterization and retrograde left heartcatheterization
93527			1836.88	307.33	1529.55	Combined right heart catheterization and transseptal left heartcatheterization through intact septum (with or without retrograde leftheart catheterization)
93528			1907.66	378.11	1529.55	Combined right heart catheterization with left ventricular puncture(with or without retrograde left heart catheterization)
93529			1734.84	205.29	1529.55	Combined right heart catheterization and left heart catheterizationthrough existing septal opening (with or without retrograde left heartcatheterization)
93530			728.57	178.66	549.91	Right heart catheterization, for congenital cardiac anomalies
93531			1917.66	345.93	1571.73	Combined right heart catheterization and retrograde left heartcatheterization, for congenital cardiac anomalies
93532			1942.62	413.07	1529.55	Combined right heart catheterization and transseptal left heartcatheterization through intact septum with or without retrograde leftheart catheterization, for congenital cardiac anomalies
93533			1804.38	274.83	1529.55	Combined right heart catheterization and transseptal left heartcatheterization through existing septal opening, with or withoutretrograde left heart catheterization, for congenital cardiac anomalies
93539			15.84			Injection procedure during cardiac catheterization; for selectiveopacification of arterial conduits (eg, internal mammary), whethernative or used for bypass
93540			16.95			Injection procedure during cardiac catheterization; for selectiveopacification of aortocoronary venous bypass grafts, one or morecoronary arteries
93541			11.36			Injection procedure during cardiac catheterization; for pulmonaryangiography
93542			11.36			Injection procedure during cardiac catheterization; for selective rightventricular or right atrial angiography
93543			11.36			Injection procedure during cardiac catheterization; for selective leftventricular or left atrial angiography
93544			9.98			Injection procedure during cardiac catheterization; for aortography
93545			15.84			Injection procedure during cardiac catheterization; for selectivecoronary angiography (injection of radiopaque material may be by hand)
93555			235.13	32.17	202.96	Imaging supervision, interpretation and report for injectionprocedure(s) during cardiac catheterization; ventricular and/or atrialangiography
93556			352.27	32.7	319.57	Imaging supervision, interpretation and report for injectionprocedure(s) during cardiac catheterization; pulmonary angiography,aortography, and/or selective coronary angiography including venousbypass grafts and arterial conduits (whether native or used in bypass)
93561			36.44	18.93	17.51	Indicator dilution studies such as dye or thermal dilution, includingarterial and/or venous catheterization; with cardiac output measurement(separate procedure)
93562			16.87	6.03	10.84	Indicator dilution studies such as dye or thermal dilution, includingarterial and/or venous catheterization; subsequent

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						measurement of cardiac output
93571			217.82	70.37	147.45	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572			129.22	54.97	74.25	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93580			734.95			Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581			977.83			Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93600			149.35	85.71	63.64	Bundle of His recording
93602			121.75	85.61	36.14	Intra-atrial recording
93603			140.30	85.51	54.79	Right ventricular recording
93609			289.58	201.05	88.53	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610			166.13	121.86	44.27	Intra-atrial pacing
93612			174.46	121.86	52.60	Intraventricular pacing
93613			282.30			Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615			45.82	35.40	10.42	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616			65.39	54.97	10.42	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618			296.87	168.14	128.73	Induction of arrhythmia by electrical pacing
93619			549.15	298.78	250.37	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620			737.89	466.87	271.02	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621				82.93		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622				122.34		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623				112.36		Programmed stimulation and pacing after intravenous drug

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						infusion (List separately in addition to code for primary procedure)
93624			263.78	199.20	64.58	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631			512.12	306.91	205.21	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640			371.11	138.35	232.76	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
93641			466.56	233.80	232.76	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
93642			434.93	202.17	232.76	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93650			432.84			Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93651			652.82			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
93652			710.20			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia
93660			127.50	74.64	52.86	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93662				111.03		Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668			I.C.			Peripheral arterial disease (PAD) rehabilitation, per session
93701			35.53	6.92	28.61	Bioimpedance, thoracic, electrical
93720			29.74			Plethysmography, total body; with interpretation and report
93721			23.44			Plethysmography, total body; tracing only, without interpretation and report
93722			6.30			Plethysmography, total body; interpretation and report only
93724			321.54	192.81	128.73	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93727			20.50			Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)

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93731			33.85	17.70	16.15	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93732			52.80	36.03	16.77	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93733			30.99	6.92	24.07	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93734			26.35	15.00	11.35	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735			43.65	29.06	14.59	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93736			27.03	6.08	20.95	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93740			10.62	5.72	4.90	Temperature gradient studies
93741			53.36	31.59	21.77	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming
93742			57.85	36.08	21.77	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming
93743			64.37	40.73	23.64	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming
93744			68.36	46.59	21.77	Electronic analysis of pacing cardioverter-defibrillator

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						(includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming
93745			I.C.			Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93760			I.C.			Thermogram; cephalic
93762			I.C.			Thermogram; peripheral
93770			7.18	6.03	1.15	Determination of venous pressure
93784			59.12			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786			28.61			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788			16.13			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790			14.38			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report
93797	14.36	7.19				Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	22.02	11.09				Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799			I.C.			Unlisted cardiovascular service or procedure
93875			81.14	8.56	72.58	Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
93880			197.51	23.05	174.46	Duplex scan of extracranial arteries; complete bilateral study
93882			125.43	15.86	109.57	Duplex scan of extracranial arteries; unilateral or limited study
93886			244.98	37.83	207.15	Transcranial Doppler study of the intracranial arteries; complete study
93888			155.67	24.74	130.93	Transcranial Doppler study of the intracranial arteries; limited study
93890			189.15	40.36	148.79	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892			201.25	46.22	155.03	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893			197.19	46.22	150.97	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922			93.50	9.57	83.93	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93923			143.30	17.50	125.80	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers,



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						completebilateral study (eg, segmental blood pressure measurements, segmentalDoppler waveform analysis, segmental volume plethysmography, segmentaltranscutaneous oxygen tension measurements, measurements with posturalprovocative tests, measurements with reactive hyperemia)
93924			169.21	19.67	149.54	Non-invasive physiologic studies of lower extremity arteries, at restand following treadmill stress testing, complete bilateral study
93925			235.37	22.52	212.85	Duplex scan of lower extremity arteries or arterial bypass grafts;complete bilateral study
93926			142.54	15.28	127.26	Duplex scan of lower extremity arteries or arterial bypass grafts;unilateral or limited study
93930			187.98	18.08	169.90	Duplex scan of upper extremity arteries or arterial bypass grafts;complete bilateral study
93931			122.63	12.01	110.62	Duplex scan of upper extremity arteries or arterial bypass grafts;unilateral or limited study
93965			99.38	13.48	85.90	Non-invasive physiologic studies of extremity veins, complete bilateralstudy (eg, Doppler waveform analysis with responses to compression andother maneuvers, phleborheography, impedance plethysmography)
93970			191.56	26.33	165.23	Duplex scan of extremity veins including responses to compression andother maneuvers; complete bilateral study
93971			130.43	17.29	113.14	Duplex scan of extremity veins including responses to compression andother maneuvers; unilateral or limited study
93975			297.98	69.38	228.60	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic,scrotal contents and/or retroperitoneal organs; complete study
93976			175.02	45.95	129.07	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic,scrotal contents and/or retroperitoneal organs; limited study
93978			167.25	25.44	141.81	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypassgrafts; complete study
93979			117.66	17.02	100.64	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypassgrafts; unilateral or limited study
93980			131.18	47.75	83.43	Duplex scan of arterial inflow and venous outflow of penile vessels;complete study
93981			108.34	16.50	91.84	Duplex scan of arterial inflow and venous outflow of penile vessels;follow-up or limited study
93990			136.74	10.10	126.64	Duplex scan of hemodialysis access (including arterial inflow, body ofaccess and venous outflow)
94010			26.08	6.30	19.78	Spirometry, including graphic record, total and timed vital capacity,expiratory flow rate measurement(s), with or without maximal voluntaryventilation
94014			38.19			Patient-initiated spirometric recording per 30-day period of time;includes reinforced education, transmission of spirometric tracing,data capture, analysis of transmitted data, periodic recalibration andphysician review and interpretation
94015			18.63			Patient-initiated spirometric recording per 30-day period of time;recording (includes hook-up, reinforced education, data transmission,data capture, trend analysis, and periodic recalibration)
94016			19.56			Patient-initiated spirometric recording per 30-day period of time;physician review and interpretation only

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94060			43.14	11.27	31.87	Bronchodilation responsiveness, spirometry as in 94010, pre-andpost-bronchodilator administration
94070			44.33	22.22	22.11	Bronchospasm provocation evaluation, multiple spirometric determinationsas in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94150			16.96	3.01	13.95	Vital capacity, total (separate procedure)
94200			17.3	4.08	13.22	Maximum breathing capacity, maximal voluntary ventilation
94240			28.79	9.62	19.17	Functional residual capacity or residual volume: helium method, nitrogenopen circuit method, or other method
94250			23.33	4.08	19.25	Expired gas collection, quantitative, single procedure (separateprocedure)
94260			22.63	4.92	17.71	Thoracic gas volume
94350			31.70	9.62	22.08	Determination of maldistribution of inspired gas: multiple breathnitrogen washout curve including alveolar nitrogen or heliumequilibration time
94360			30.25	9.62	20.63	Determination of resistance to airflow, oscillatory or plethysmographicmethods
94370			30.02	9.62	20.40	Determination of airway closing volume, single breath tests
94375			27.61	11.27	16.34	Respiratory flow volume loop
94400			38.77	15.02	23.75	Breathing response to CO2 (CO2 response curve)
94450			38.02	14.81	23.21	Breathing response to hypoxia (hypoxia response curve)
94452			40.93	11.48	29.45	High altitude simulation test (HAST), with physician interpretation andreport;
94453			58.62	14.81	43.81	High altitude simulation test (HAST), with physician interpretation andreport; with supplemental oxygen titration
94620			97.51	23.90	73.61	Pulmonary stress testing; simple (eg, prolonged exercise test forbronchospasm with pre- and post-spirometry)
94621			109.85	52.78	57.07	Pulmonary stress testing; complex (including measurements of CO2production, O2 uptake, and electrocardiographic recordings)
94640			9.79			Pressurized or nonpressurized inhalation treatment for acute airwayobstruction or for sputum induction for diagnostic purposes (eg, withan aerosol generator, nebulizer, metered dose inhaler or intermittentpositive pressure breathing (IPPB) device)
94642			I.C.			Aerosol inhalation of pentamidine for pneumocystis carinii pneumoniaticreatment or prophylaxis
94656	70.14	43.93				Ventilation assist and management, initiation of pressure or volumepreset ventilators for assisted or controlled breathing; first day
94657	53.51	30.73				Ventilation assist and management, initiation of pressure or volumepreset ventilators for assisted or controlled breathing; subsequentdays
94660	41.35	28.24				Continuous positive airway pressure ventilation (CPAP), initiation andmanagement
94662			28.03			Continuous negative pressure ventilation (CNP), initiation andmanagement
94664			10.53			Demonstration and/or evaluation of patient utilization of an aerosolgenerator, nebulizer, metered dose inhaler or IPPB device
94667			17.30			Manipulation chest wall, such as cupping, percussing, and vibration tofacilitate lung function; initial demonstration and/or evaluation
94668			14.47			Manipulation chest wall, such as cupping, percussing, and vibration tofacilitate lung function; subsequent

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94680			66.46	9.62	56.84	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681			86.75	7.41	79.34	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690			65.04	2.70	62.34	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94720			39.62	9.62	30.00	Carbon monoxide diffusing capacity (eg, single breath, steady state)
94725			100.51	9.62	90.89	Membrane diffusion capacity
94750			49.01	8.52	40.49	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94760			1.68			Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761			3.47			Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762			16.81			Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94770			29.11	5.45	23.66	Carbon dioxide, expired gas determination by infrared analyzer
94772			I.C.			Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant
94799			I.C.			Unlisted pulmonary service or procedure
95004			3.33			Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
95010	14.19	6.08				Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
95015	8.57	6.08				Intracutaneous (intra dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests
95024			4.90			Intracutaneous (intra dermal) tests with allergenic extracts, immediate type reaction, specify number of tests
95027			4.90			Intracutaneous (intra dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, specify number of tests
95028			7.39			Intracutaneous (intra dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044			6.46			Patch or application test(s) (specify number of tests)
95052			8.02			Photo patch test(s) (specify number of tests)
95056			5.52			Photo tests
95060			11.35			Ophthalmic mucous membrane tests
95065			6.46			Direct nasal mucous membrane test
95070			71.59			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071			91.56			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95075	51.50	37.76				Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)
95078			8.23			Provocative testing (eg, Rinkel test)
95115			12.60			Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

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95117			16.03			Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95120			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection
95125			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections
95130			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom
95131			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms
95132			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms
95133			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms
95134			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five stinging insect venoms
95144	7.74	2.43				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	11.80	2.43				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	15.54	2.75				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms
95147	14.92	2.43				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms
95148	19.91	2.75				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms
95149	26.78	2.75				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms
95165	7.74	2.43				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	5.87	2.75				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	117.88	83.55				Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199			I.C.			Unlisted allergy/clinical immunologic service or procedure
95250			128.17			Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via

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						asubcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading with printout of data)
95805			597.87	72.52	525.35	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806			156.21	62.50	93.71	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
95807			424.68	62.40	362.28	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808			493.90	101.97	391.93	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810			652.08	134.07	518.01	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811			712.75	144.28	568.47	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
95812			158.13	44.05	114.08	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813			207.17	69.99	137.18	Electroencephalogram (EEG) extended monitoring; greater than one hour
95816			147.93	44.36	103.57	Electroencephalogram (EEG); including recording awake and drowsy
95819			125.15	44.36	80.79	Electroencephalogram (EEG); including recording awake and asleep
95822			176.35	44.36	131.99	Electroencephalogram (EEG); recording in coma or sleep only
95824			I.C.			Electroencephalogram (EEG); cerebral death evaluation only
95827			117.06	42.59	74.47	Electroencephalogram (EEG); all night recording
95829			1143.06	247.24	895.82	Electrocorticogram at surgery (separate procedure)
95830	150.24	70.34				Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	22.02	11.72				Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	18.44	11.89				Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	31.03	20.10				Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	36.26	25.34				Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	15.70	6.97				Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	11.25	4.70				Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	33.25	21.70				Tensilon test for myasthenia gravis;
95858			77.45	64.11	13.34	Tensilon test for myasthenia gravis; with electromyographic recording
95860			71.34	39.71	31.64	Needle electromyography; one extremity with or without related paraspinal areas
95861			87.95	63.89	24.07	Needle electromyography; two extremities with or without related paraspinal areas

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95863			107.24	76.62	30.62	Needle electromyography; three extremities with or without related paraspinal areas
95864			140.33	82.21	58.12	Needle electromyography; four extremities with or without related paraspinal areas
95867			51.53	32.57	18.96	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868			71.50	48.58	22.92	Needle electromyography; cranial nerve supplied muscles, bilateral
95869			22.24	15.26	6.98	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870			22.24	15.26	6.98	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872			81.06	61.26	19.80	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95875			76.86	44.99	31.87	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95900			51.35	17.21	34.13	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903			54.16	24.71	29.45	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
95904			43.92	14.15	29.76	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
95920			130.94	88.56	42.38	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)
95921			47.38	35.09	12.29	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922			51.37	39.08	12.29	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt
95923			85.98	36.86	49.11	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95925			51.77	22.08	29.68	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926			51.86	22.18	29.68	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927			52.49	22.81	29.68	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928			136.07	61.46	74.61	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929			142.00	61.46	80.54	Central motor evoked potential study (transcranial motor stimulation); lower limbs

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95930			79.86	14.42	65.44	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933			49.66	24.04	25.63	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95934			27.84	20.86	6.98	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle
95936			29.74	22.76	6.98	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle
95937			38.25	27.21	11.04	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method
95950			173.72	61.84	111.88	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
95951				245.84		Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours
95953			332.56	125.80	206.76	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours
95954			200.92	100.39	100.53	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955			104.19	39.38	64.81	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95956			575.47	125.90	449.57	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours
95957			137.16	81.54	55.62	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958			229.28	172.19	57.09	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961			172.62	130.24	42.38	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance
95962			177.98	135.59	42.38	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)
95965				328.84		Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966				163.54		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
95967				132.85		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
95970	39.14	16.98				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of

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						wave form,battery status, electrode selectability, output modulation, cycling,impedance and patient compliance measurements); simple or complexbrain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve,autonomic nerve, neuromuscular) neurostimulator pulsegenerator/transmitter, without reprogramming
95971	43.46	29.11				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, configuration of wave form,battery status, electrode selectability, output modulation, cycling,impedance and patient compliance measurements); simple spinal cord, orperipheral (ie, peripheral nerve, autonomic nerve, neuromuscular)neurostimulator pulse generator/transmitter, with intraoperative orsubsequent programming
95972	80.65	58.18				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, configuration of wave form,battery status, electrode selectability, output modulation, cycling,impedance and patient compliance measurements); complex spinal cord, orperipheral (except cranial nerve) neurostimulator pulsegenerator/transmitter, with intraoperative or subsequent programming,first hour
95973	45.31	36.57				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, configuration of wave form,battery status, electrode selectability, output modulation, cycling,impedance and patient compliance measurements); complex spinal cord, orperipheral (except cranial nerve) neurostimulator pulsegenerator/transmitter, with intraoperative or subsequent programming,each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95974	136.47	123.99				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, configuration of wave form,battery status, electrode selectability, output modulation, cycling,impedance and patient compliance measurements); complex cranial nerveneurostimulator pulse generator/transmitter, with intraoperative orsubsequent programming, with or without nerve interface testing, firsthour
95975	75.55	70.56				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, configuration of wave form,battery status, electrode selectability, output modulation, cycling,impedance and patient compliance measurements); complex cranial nerveneurostimulator pulse generator/transmitter, with intraoperative orsubsequent programming, each additional 30 minutes after first hour(List separately in addition to code for primary procedure)
95978	157.16	137.5				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliancemeasurements), complex deep brain neurostimulator pulsegenerator/transmitter, with initial or subsequent programming; firsthour
95979	72.48	66.86				Electronic analysis of implanted neurostimulator pulse generator system(eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliancemeasurements), complex deep brain neurostimulator



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						pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95990			48.10			Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);
95991	67.33	27.07				Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician
95999			I.C.			Unlisted neurological or neuromuscular diagnostic procedure
96000			66.76			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
96001			79.91			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
96002			16.01			Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003			14.01			Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96004			88.60			Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96100			58.78			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour
96105			58.78			Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96110			9.47			Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96111			105.76			Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96115			58.78			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour
96117			58.78			Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour
96150			19.13			Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	18.60	18.28				Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment

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96152	17.75	17.44				Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	4.12	3.81				Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	17.49	17.17				Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	17.75	17.43				Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
96400			39.69			Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia
96405	86.25	21.96				Chemotherapy administration, intralesional; up to and including 7 lesions
96406	115.86	30.97				Chemotherapy administration, intralesional; more than 7 lesions
96408			96.62			Chemotherapy administration, intravenous; push technique
96410			136.06			Chemotherapy administration, intravenous; infusion technique, up to one hour
96412			29.11			Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)
96414			169.15			Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96420			88.94			Chemotherapy administration, intra-arterial; push technique
96422			156.97			Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96423			63.62			Chemotherapy administration, intra-arterial; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)
96425			145.74			Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	313.94	104.84				Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96445	312.11	98.33				Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis
96450	268.78	86.20				Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96520			124.22			Refilling and maintenance of portable pump
96530			89.26			Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96542	171.27	59.86				Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96545			I.C.			Provision of chemotherapy agent
96549			I.C.			Unlisted chemotherapy procedure
96567			30.82			Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96570			43.15			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)

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96571			21.20			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96900			14.16			Actinotherapy (ultraviolet light)
96902	16.73	16.11				Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96910			31.75			Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912			40.39			Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913			54.57			Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	110.18	48.70				Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	112.90	49.54				Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	165.52	76.26				Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96999			I.C.			Unlisted special dermatological service or procedure
97001	56.39	47.03				Physical therapy evaluation
97002	30.12	23.56				Physical therapy re-evaluation
97003	60.66	45.68				Occupational therapy evaluation
97004	37.29	22.31				Occupational therapy re-evaluation
97005			I.C.			Athletic training evaluation
97006			I.C.			Athletic training re-evaluation
97010			3.37			Application of a modality to one or more areas; hot or cold packs
97012			10.92			Application of a modality to one or more areas; traction, mechanical
97014			10.93			Application of a modality to one or more areas; electrical stimulation (unattended)
97016			10.62			Application of a modality to one or more areas; vasopneumatic devices
97018			4.93			Application of a modality to one or more areas; paraffin bath
97020			3.68			Application of a modality to one or more areas; microwave
97022			11.29			Application of a modality to one or more areas; whirlpool
97024			3.99			Application of a modality to one or more areas; diathermy
97026			3.68			Application of a modality to one or more areas; infrared
97028			4.53			Application of a modality to one or more areas; ultraviolet
97032			11.86			Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033			15.55			Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034			10.48			Application of a modality to one or more areas; contrast baths, each 15 minutes
97035			8.92			Application of a modality to one or more areas; ultrasound, each 15 minutes
97036			17.65			Application of a modality to one or more areas; Hubbard tank,

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					each 15minutes
97039			8.65		Unlisted modality (specify type and time if constant attendance)
97110			20.82		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112			22.07		Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113			24.30		Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116			18.34		Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124			16.70		Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139			12.04		Unlisted therapeutic procedure (specify)
97140			19.67		Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150			13.01		Therapeutic procedure(s), group (2 or more individuals)
97504			22.91		Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes
97520			20.82		Prosthetic training, upper and/or lower extremities, each 15 minutes
97530			22.12		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532			18.16		Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97533			19.41		Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535			22.48		Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537			20.30		Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97542			20.92		Wheelchair management/propulsion training, each 15 minutes
97545			I.C.		Work hardening/conditioning; initial 2 hours
97546			I.C.		Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597			37.09		Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may

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						include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters
97598			47.00			Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters
97602			I.C.			Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605			I.C.			Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606			I.C.			Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97703			19.87			Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97750			22.38			Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755			25.65			Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
97799			I.C.			Unlisted physical medicine/rehabilitation service or procedure
97802			14.88			Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803			14.88			Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804			5.83			Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810			16.60			Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
97811			13.94			Acupuncture, one or more needles, without electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813			17.93			Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
97814			15.27			Acupuncture, one or more needles, with electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
98925	22.38	16.76				Osteopathic manipulative treatment (OMT); one to two body regions involved
98926	30.72	25.73				Osteopathic manipulative treatment (OMT); three to four body

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						regionsinvolved
98927	39.38	32.83				Osteopathic manipulative treatment (OMT); five to six body regionsinvolved
98928	46.66	38.86				Osteopathic manipulative treatment (OMT); seven to eight body regionsinvolved
98929	53.63	44.26				Osteopathic manipulative treatment (OMT); nine to ten body regionsinvolved
99000			1.00			Handling and/or conveyance of specimen for transfer from the physician'soffice to a laboratory
99001			1.00			Handling and/or conveyance of specimen for transfer from the patient inother than a physician's office to a laboratory (distance may beindicated)
99002			1.00			Handling, conveyance, and/or any other service in connection with theimplementation of an order involving devices (eg, designing, fitting,packaging, handling, delivery or mailing) when devices such asorthotics, protectives, prosthetics are fabricated by an outsidelaboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician
99024			I.C.			Postoperative follow-up visit, normally included in the surgicalpackage, to indicate that an evaluation and management service wasperformed during a postoperative period for a reason(s) related to theoriginal procedure
99026			I.C.			Hospital mandated on call service; in-hospital, each hour
99027			I.C.			Hospital mandated on call service; out-of-hospital, each hour
99050			15.00			Services requested after posted office hours in addition to basicservice
99052			15.00			Services requested between 10:00 PM and 8:00 AM in addition to basicservice
99054			23.94			Services requested on Sundays and holidays in addition to basic service
99056			I.C.			Services provided at request of patient in a location other thanphysician's office which are normally provided in the office
99058			I.C.			Office services provided on an emergency basis
99070			I.C.			Supplies and materials (except spectacles), provided by the physicianover and above those usually included with the office visit or otherservices rendered (list drugs, trays, supplies, or materials provided)
99071			I.C.			Educational supplies, such as books, tapes, and pamphlets, provided bythe physician for the patient's education at cost to physician
99075			I.C.			Medical testimony
99078			I.C.			Physician educational services rendered to patients in a group setting(eg, prenatal, obesity, or diabetic instructions)
99080			I.C.			Special reports such as insurance forms, more than the informationconveyed in the usual medical communications or standard reporting form
99082			I.C.			Unusual travel (eg, transportation and escort of patient)
99090			I.C.			Analysis of clinical data stored in computers (eg, ECGs, bloodpressures, hematologic data)
99091			I.C.			Collection and interpretation of physiologic data (eg, ECG, bloodpressure, glucose monitoring) digitally stored and/or transmitted bythe patient and/or caregiver to the physician or

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					other qualified healthcare professional, requiring a minimum of 30 minutes of time
99100			I.C.		Anesthesia for patient of extreme age, under 1 year and over 70 (Listseparately in addition to code for primary anesthesia procedure)
99116			I.C.		Anesthesia complicated by utilization of total body hypothermia (Listseparately in addition to code for primary anesthesia procedure)
99135			I.C.		Anesthesia complicated by utilization of controlled hypotension (Listseparately in addition to code for primary anesthesia procedure)
99140			I.C.		Anesthesia complicated by emergency conditions (specify) (Listseparately in addition to code for primary anesthesia procedure)
99141	80.71	34.20			Sedation with or without analgesia (conscious sedation); intravenous,intramuscular or inhalation
99142	46.46	26.17			Sedation with or without analgesia (conscious sedation); oral, rectaland/or intranasal
99170	103.18	65.41			Anogenital examination with colposcopic magnification in childhood forsuspected trauma
99172			I.C.		Visual function screening, automated or semi-automated bilateralquantitative determination of visual acuity, ocular alignment, colorvision by pseudoisochromatic plates, and field of vision (may includeall or some screening of the determination(s) for contrast sensitivity,vision under glare)
99175			45.52		Ipecac or similar administration for individual emesis and continuedobservation until stomach adequately emptied of poison
99183	166.77	88.12			Physician attendance and supervision of hyperbaric oxygen therapy, persession
99185			20.83		Hypothermia; regional
99186			65.18		Hypothermia; total body
99190			I.C.		Assembly and operation of pump with oxygenator or heat exchanger (withor without ECG and/or pressure monitoring); each hour
99191			I.C.		Assembly and operation of pump with oxygenator or heat exchanger (withor without ECG and/or pressure monitoring); 3/4 hour
99192			I.C.		Assembly and operation of pump with oxygenator or heat exchanger (withor without ECG and/or pressure monitoring); 1/2 hour
99195			14.16		Phlebotomy, therapeutic (separate procedure)
99199			I.C.		Unlisted special service, procedure or report
99201	27.90	17.29			Office or other outpatient visit for the evaluation and management of anew patient, which requires these three key components:a problem focused history;a problem focused examination; andstraightforward medical decision making.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the presenting problems are self limited or minor. Physiciantypically spend 10 minutes face-to-face with the patient and/or family.

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99202	49.13	34.15				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	72.83	52.54				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	102.57	77.91				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	129.24	103.65				Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	16.91	6.61				Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	29.46	17.60				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	39.99	25.95				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two



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					of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	62.47	43.12			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	89.98	69.07			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99217			51.86		Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])
99218			49.06		Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity.
99219			81.52		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity.
99220			114.65		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key

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					components:a comprehensive history;a comprehensive examination; andmedical decision making of high complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the problem(s) requiring admission to "observation status" areof high severity.
99221			49.58		Initial hospital care, per day, for the evaluation and management of apatient which requires these three key components:a detailed or comprehensive history;a detailed or comprehensive examination; andmedical decision making that is straightforward or of low complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the problem(s) requiring admission are of low severity.Physicians typically spend 30 minutes at the bedside and on thepatient's hospital floor or unit.
99222			82.14		Initial hospital care, per day, for the evaluation and management of apatient, which requires these three key components:a comprehensive history;a comprehensive examination; andmedical decision making of moderate complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the problem(s) requiring admission are of moderate severity.Physicians typically spend 50 minutes at the bedside and on thepatient's hospital floor or unit.
99223			114.44		Initial hospital care, per day, for the evaluation and management of apatient, which requires these three key components:a comprehensive history;a comprehensive examination; andmedical decision making of high complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the problem(s) requiring admission are of high severity.Physicians typically spend 70 minutes at the bedside and on thepatient's hospital floor or unit.
99231			24.84		Subsequent hospital care, per day, for the evaluation and management ofa patient, which requires at least two of these three key components:a problem focused interval history;a problem focused examination;medical decision making that is straightforward or of low complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the patient is stable, recovering or improving. Physicianstypically spend 15 minutes at the bedside and on the patient's hospitalfloor or unit.
99232			40.59		Subsequent hospital care, per day, for the evaluation and management ofa patient, which requires at least two of these three key components:an expanded problem focused interval history;an expanded problem focused examination;medical decision making of moderate complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the patient is responding inadequately to therapy or hasdeveloped a minor complication.

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99233			57.67		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.
99234			98.64		Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.
99235			130.00		Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.
99236			162.29		Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.
99238			51.96		Hospital discharge day management; 30 minutes or less
99239			70.82		Hospital discharge day management; more than 30 minutes
99241	38.06	24.96			Office consultation for a new or established patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99242	68.90	50.80			Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or

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						coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physician typically spend 30 minutes face-to-face with the patient and/or family.
99243	91.90	68.18				Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physician typically spend 40 minutes face-to-face with the patient and/or family.
99244	128.83	100.75				Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	166.29	134.14				Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.
99251			26.11			Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physician typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252			52.63			Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physician typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253			71.98			Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

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						presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.
99254			103.57			Initial inpatient consultation for a new or established patient, which requires three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.
99255			142.78			Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.
99261			16.28			Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 10 minutes at the bedside and on the patient's hospital floor or unit.
99262			33.13			Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99263			49.10			Follow-up inpatient consultation for an established patient which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.
99271	29.77	17.60				Confirmatory consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the

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						nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
99272	49.53	33.30				Confirmatory consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity.
99273	68.43	47.83				Confirmatory consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99274	91.33	68.55				Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.
99275	115.92	90.64				Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.
99281			12.01			Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
99282			19.85			Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283			44.58			Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other

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						providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284			69.52			Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285			108.77			Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288			I.C.			Physician direction of emergency medical systems (EMS) emergency care, advanced life support
99289			177.77			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport
99290			91.67			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary service)
99291	190.81	150.55				Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	83.41	75.30				Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99293			596.53			Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99294			297.01			Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99295			683.11			Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99296			I.C.			Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99298			105.58			Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)

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99299			96.75			Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99301			48.59			Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. The review and affirmation of the medical plan of care is required. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.
99302			64.29			Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem and has had a major permanent change in status. The creation of a new medical plan of care is required. Physicians typically spend 40 minutes at the bedside and on the patient's facility floor or unit.
99303			79.10			Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The creation of a medical plan of care is required. Physicians typically spend 50 minutes at the bedside and on the patient's facility floor or unit.
99311			25.02			Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
99312			41.49			Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a



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					minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
99313			58.40		Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
99315			45.16		Nursing facility discharge day management; 30 minutes or less
99316			59.80		Nursing facility discharge day management; more than 30 minutes
99321			30.13		Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity.
99322			42.29		Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99323			52.27		Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high complexity.
99331			26.58		Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving.
99332			33.78		Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate

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						complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.
99333			41.81			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem.
99341			42.91			Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99342			63.14			Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343			91.84			Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344			I.C.			Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345			I.C.			Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's

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						needs.Usually, the patient is unstable or has developed a significant newproblem requiring immediate physician attention. Physicians typicallyspend 75 minutes face-to-face with the patient and/or family.
99347			33.55			Home visit for the evaluation and management of an established patient,which requires at least two of these three key components:a problem focused interval history;a problem focused examination;straightforward medical decision making.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the presenting problem(s) are self limited or minor. Physicianstypically spend 15 minutes face-to-face with the patient and/or family.
99348			52.89			Home visit for the evaluation and management of an established patient,which requires at least two of these three key components:an expanded problem focused interval history;an expanded problem focused examination;medical decision making of low complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the presenting problem(s) are of low to moderate severity.Physicians typically spend 25 minutes face-to-face with the patientand/or family.
99349			81.55			Home visit for the evaluation and management of an established patient,which requires at least two of these three key components:a detailed interval history;a detailed examination;medical decision making of moderate complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the presenting problem(s) are moderate to high severity.Physicians typically spend 40 minutes face-to-face with the patientand/or family.
99350			I.C.			Home visit for the evaluation and management of an established patient,which requires at least two of these three key components:a comprehensive interval history;a comprehensive examination;medical decision making of moderate to high complexity.Counseling and/or coordination of care with other providers or agenciesare provided consistent with the nature of the problem(s) and thepatient's and/or family's needs.Usually, the presenting problem(s) are of moderate to high severity. Thepatient may be unstable or may have developed a significant new problemrequiring immediate physician attention. Physicians typically spend 60minutes face-to-face with the patient and/or family.
99354	72.81	69.38				Prolonged physician service in the office or other outpatient settingrequiring direct (face-to-face) patient contact beyond the usualservice (eg, prolonged care and treatment of an acute asthmatic patientin an outpatient setting); first hour (List separately in addition tocode for office or other outpatient Evaluation and Management service)
99355	71.97	67.92				Prolonged physician service in the office or other outpatient settingrequiring direct (face-to-face) patient contact beyond the usualservice (eg, prolonged care and treatment of an acute asthmatic patientin an outpatient setting); each additional 30

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					minutes (List separately in addition to code for prolonged physician service)
99356			66.32		Prolonged physician service in the inpatient setting, requiring direct(face-to-face) patient contact beyond the usual service (eg, maternal/fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357			66.85		Prolonged physician service in the inpatient setting, requiring direct(face-to-face) patient contact beyond the usual service (eg, maternal/fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99358			I.C.		Prolonged evaluation and management service before and/or after direct(face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)
99359			I.C.		Prolonged evaluation and management service before and/or after direct(face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99360			I.C.		Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99361			I.C.		Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes
99362			I.C.		Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes
99371			I.C.		Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other healthcare professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372			I.C.		Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other healthcare professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373			I.C.		Telephone call by a physician to patient or for consultation or

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						medical management or for coordinating medical management with other healthcare professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)
99374	52.17	43.43				Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99375			95.88			Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99377	52.17	43.43				Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99378			108.05			Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a

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						calendar month; 30 minutes or more
99379	51.95	43.22				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99380	78.19	67.89				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99381	79.53	46.76				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age under 1 year)
99382	85.30	53.47				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	83.43	53.47				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	90.35	60.38				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	90.35	60.38				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years

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99386	105.80	73.96				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years
99387	114.64	80.93				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 65 years and over
99391	59.81	40.15				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age under 1 year)
99392	66.73	46.76				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	65.80	46.76				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	72.50	53.47				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	73.44	53.47				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99396	80.98	60.38				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99397	89.20	67.36				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over
99401	32.33	18.91				Preventive medicine counseling and/or risk factor

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						reductionintervention(s) provided to an individual (separate procedure);approximately 15 minutes
99402	53.64	38.04				Preventive medicine counseling and/or risk factor reductionintervention(s) provided to an individual (separate procedure);approximately 30 minutes
99403	73.70	57.16				Preventive medicine counseling and/or risk factor reductionintervention(s) provided to an individual (separate procedure);approximately 45 minutes
99404	94.12	76.33				Preventive medicine counseling and/or risk factor reductionintervention(s) provided to an individual (separate procedure);approximately 60 minutes
99411	9.82	6.08				Preventive medicine counseling and/or risk factor reductionintervention(s) provided to individuals in a group setting (separateprocedure); approximately 30 minutes
99412	14.66	9.98				Preventive medicine counseling and/or risk factor reductionintervention(s) provided to individuals in a group setting (separateprocedure); approximately 60 minutes
99420			I.C.			Administration and interpretation of health risk assessment instrument(eg, health hazard appraisal)
99429			I.C.			Unlisted preventive medicine service
99431			58.58			History and examination of the normal newborn infant, initiation ofdiagnostic and treatment programs and preparation of hospital records.(This code should also be used for birthing room deliveries.)
99432	64.03	47.49				Normal newborn care in other than hospital or birthing room setting,including physical examination of baby and conference(s) with parent(s)
99433			30.80			Subsequent hospital care, for the evaluation and management of a normalnewborn, per day
99435			79.25			History and examination of the normal newborn infant, including thepreparation of medical records. (This code should only be used forn newborns assessed and discharged from the hospital or birthing room onthe same date.)
99436			55.84			Attendance at delivery (when requested by delivering physician) andinitial stabilization of newborn
99440			145.65			Newborn resuscitation: provision of positive pressure ventilation and/orchest compressions in the presence of acute inadequate ventilationand/or cardiac output
99450			I.C.			Basic life and/or disability examination that includes:measurement of height, weight and blood pressure;completion of a medical history following a life insurance pro forma;collection of blood sample and/or urinalysis complying with "chain ofcustody" protocols; andcompletion of necessary documentation/certificates.
99455			I.C.			Work related or medical disability examination by the treating physicianthat includes:completion of a medical history commensurate with the patient'scondition;performance of an examination commensurate with the patient's condition;formulation of a diagnosis, assessment of capabilities and stability,and calculation of impairment;development of future medical treatment plan; andcompletion of necessary documentation/certificates and report.
99456			I.C.			Work related or medical disability examination by other than thetreating physician that includes:completion of a medical



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					history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.
99499			I.C.		Unlisted evaluation and management service
99500			I.C.		Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501			I.C.		Home visit for postnatal assessment and follow-up care
99502			I.C.		Home visit for newborn care and assessment
99503			I.C.		Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504			I.C.		Home visit for mechanical ventilation care
99505			I.C.		Home visit for stoma care and maintenance including colostomy and cystostomy
99506			I.C.		Home visit for intramuscular injections
99507			I.C.		Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509			I.C.		Home visit for assistance with activities of daily living and personal care
99510			I.C.		Home visit for individual, family, or marriage counseling
99511			I.C.		Home visit for fecal impaction management and enema administration
99512			I.C.		Home visit for hemodialysis
99600			I.C.		Unlisted home visit service or procedure
99601			I.C.		Home infusion/specialty drug administration, per visit (up to 2 hours)
99602			I.C.		each additional hour (List separately in addition to code for primary procedure)

Code	Global Fee	Description
H2011	17.57	Crisis intervention service, per 15 minutes
J0128	68.62	Injection, abarelix, 10 mg
J0135	577.56	Injection, adalimumab, 20 mg
J0170	0.29	Injection, adrenalin, epinephrine, up to 1 ml ampule
J0215	26.65	Injection, alefacept, 0.5 mg
J0256	3.28	Injection, alpha 1-proteinase inhibitor - human, 10 mg
J0270	1.82	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0290	0.21	Injection, ampicillin sodium, 500 mg
J0295	6.67	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0456	23.56	Injection, azithromycin, 500 mg
J0460	0.26	Injection, atropine sulfate, up to 0.3 mg
J0475	180.49	Injection, baclofen, 10 mg
J0476	67.55	Injection, baclofen, 50 mcg for intrathecal trial
J0530	11.37	Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units
J0540	23.02	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0550	29.91	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units
J0560	17.29	Injection, penicillin G benzathine, up to 600,000 units
J0570	30.41	Injection, penicillin G benzathine, up to 1,200,000 units
J0580	60.28	Injection, penicillin G benzathine, up to 2,400,000 units

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Code	Global Fee	Description
J0585	4.71	Botulinum toxin type A, per unit
J0587	7.76	Botulinum toxin type B, per 100 units
J0640	1.30	Injection, leucovorin calcium, per 50 mg
J0690	0.28	Injection, cefazolin sodium, 500 mg
J0694	11.90	Injection, cefoxitin sodium, 1 g
J0696	6.57	Injection, ceftriaxone sodium, per 250 mg
J0697	4.35	Injection, sterile cefuroxime sodium, per 750 mg
J0702	4.51	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
J0704	0.90	Injection, betamethasone sodium phosphate, per 4 mg
J0780	3.01	Injection, prochlorperazine, up to 10 mg
J0880	17.72	Injection, darbepoetin alfa, 5 mcg
J0900	1.38	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1020	2.67	Injection, methylprednisolone acetate, 20 mg
J1030	5.36	Injection, methylprednisolone acetate, 40 mg
J1040	9.75	Injection, methylprednisolone acetate, 80 mg
J1055	I.C.	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	I.C.	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg
J1060	3.91	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	4.91	Injection, testosterone cypionate, up to 100 mg
J1080	12.62	Injection, testosterone cypionate, 1 cc, 200 mg
J1094	0.25	Injection, dexamethasone acetate, 1 mg
J1100	0.14	Injection, dexamethasone sodium phosphate, 1 mg
J1160	3.04	Injection, digoxin, up to 0.5 mg
J1170	1.71	Injection, hydromorphone, up to 4 mg
J1200	0.94	Injection, diphenhydramine HCl, up to 50 mg
J1260	6.61	Injection, dolasetron mesylate, 10 mg
J1320	1.79	Injection, amitriptyline HCl, up to 20 mg
J1438	147.16	Injection, etanercept, 25 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1440	178.94	Injection, filgrastim (G-CSF), 300 mcg
J1441	282.41	Injection, filgrastim (G-CSF), 480 mcg
J1460	10.00	Injection, gamma globulin, intramuscular, 1 cc
J1470	20.00	Injection, gamma globulin, intramuscular, 2 cc
J1480	30.00	Injection, gamma globulin, intramuscular, 3 cc
J1490	40.01	Injection, gamma globulin, intramuscular, 4 cc
J1500	50.01	Injection, gamma globulin, intramuscular, 5 cc
J1510	60.05	Injection, gamma globulin, intramuscular, 6 cc
J1520	69.96	Injection, gamma globulin, intramuscular, 7 cc
J1530	80.02	Injection, gamma globulin, intramuscular, 8 cc
J1540	90.08	Injection, gamma globulin, intramuscular, 9 cc
J1550	100.02	Injection, gamma globulin, intramuscular, 10 cc
J1563	56.72	Injection, immune globulin, intravenous, 1 g
J1564	3.93	Injection, immune globulin, 10 mg
J1626	7.09	Injection, granisetron HCl, 100 mcg
J1630	2.56	Injection, haloperidol, up to 5 mg
J1644	0.10	Injection, heparin sodium, per 1,000 units
J1650	5.15	Injection, enoxaparin sodium, 10 mg
J1655	2.60	Injection, tinzaparin sodium, 1000 IU
J1670	68.47	Injection, tetanus immune globulin, human, up to 250 units
J1700	0.66	Injection, hydrocortisone acetate, up to 25 mg
J1710	4.69	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	1.81	Injection, hydrocortisone sodium succinate, up to 100 mg
J1745	53.08	Injection, infliximab, 10 mg
J1750	11.06	Injection, iron dextran, 50 mg

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Code	Global Fee	Description
J1790	1.02	Injection, droperidol, up to 5 mg
J1800	5.10	Injection, propranolol HCl, up to 1 mg
J1815	0.22	Injection, insulin, per 5 units
J1885	0.64	Injection, ketorolac tromethamine, per 15 mg
J1890	8.64	Injection, cephalothin sodium, up to 1 g
J1940	0.49	Injection, furosemide, up to 20 mg
J1950	445.11	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1956	7.64	Injection, levofloxacin, 250 mg
J1990	21.05	Injection, chlordiazepoxide HCl, up to 100 mg
J2001	0.01	Injection, lidocaine HCl for intravenous infusion, 10 mg
J2060	1.27	Injection, lorazepam, 2 mg
J2150	1.02	Injection, mannitol, 25% in 50 ml
J2175	1.37	Injection, meperidine HCl, per 100 mg
J2250	0.48	Injection, midazolam HCl, per 1 mg
J2270	1.86	Injection, morphine sulfate, up to 10 mg
J2271	5.07	Injection, morphine sulfate, 100 mg
J2275	11.75	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2300	1.33	Injection, nalbuphine HCl, per 10 mg
J2310	3.00	Injection, naloxone HCl, per 1 mg
J2357	15.32	Injection, omalizumab, 5 mg
J2405	3.73	Injection, ondansetron HCl, per 1 mg
J2430	59.06	Injection, pamidronate disodium, per 30 mg
J2440	0.76	Injection, papaverine HCl, up to 60 mg
J2469	18.22	Injection, palonosetron HCl, 25 mcg
J2505	2273.93	Injection, pegfilgrastim, 6 mg
J2510	8.28	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2515	1.85	Injection, pentobarbital sodium, per 50 mg
J2550	2.15	Injection, promethazine HCl, up to 50 mg
J2560	3.17	Injection, phenobarbital sodium, up to 120 mg
J2650	0.21	Injection, prednisolone acetate, up to 1 ml
J2675	1.93	Injection, progesterone, per 50 mg
J2760	22.47	Injection, phentolamine mesylate, up to 5 mg
J2765	0.45	Injection, metoclopramide HCl, up to 10 mg
J2780	0.93	Injection, ranitidine HCl, 25 mg
J2788	24.47	Injection, Rho d immune globulin, human, minidose, 50 mcg
J2790	102.36	Injection, Rho d immune globulin, human, full dose, 300 mcg
J2792	13.40	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2820	21.67	Injection, sargramostim (GM-CSF), 50 mcg
J2910	14.62	Injection, aurothioglucose, up to 50 mg
J2916	4.83	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	1.92	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	2.62	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	40.16	Injection, somatrem, 1 mg
J2941	42.38	Injection, somatropin, 1 mg
J3010	0.27	Injection, fentanyl citrate, 0.1 mg
J3030	49.03	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J3110	6.99	Injection, teriparatide, 10 mcg
J3120	7.49	Injection, testosterone enanthate, up to 100 mg
J3130	14.99	Injection, testosterone enanthate, up to 200 mg
J3230	2.39	Injection, chlorpromazine HCl, up to 50 mg
J3250	4.12	Injection, trimethobenzamide HCl, up to 200 mg
J3301	1.32	Injection, triamcinolone acetonide, per 10 mg

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Code	Global Fee	Description
J3302	0.23	Injection, triamcinolone diacetate, per 5 mg
J3303	1.76	Injection, triamcinolone hexacetate, per 5 mg
J3360	0.56	Injection, diazepam, up to 5 mg
J3396	8.99	Injection, verteporfin, 0.1 mg
J3410	0.35	Injection, hydroxyzine HCl, up to 25 mg
J3420	0.47	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3430	0.47	Injection, phytonadione (vitamin K), per 1 mg
J3475	0.01	Injection, magnesium sulphate, per 500 mg
J3487	198.39	Injection, zoledronic acid, 1 mg
J3490	I.C.	Unclassified drugs
J3590	I.C.	Unclassified biologics
J7030	1.23	Infusion, normal saline solution, 1,000 cc
J7040	0.05	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	0.14	5% dextrose/normal saline (500 ml = 1 unit)
J7050	0.02	Infusion, normal saline solution, 250 cc
J7060	0.79	5% dextrose/water (500 ml = 1 unit)
J7070	2.73	Infusion, D-5-W, 1,000 cc
J7317	110.27	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection
J7320	200.15	Hylan G-F 20, 16 mg, for intra-articular injection
J7599	I.C.	Immunosuppressive drug, NOC
J9000	4.25	Doxorubicin HCl, 10 mg
J9001	356.35	Doxorubicin HCl, all lipid formulations, 10 mg
J9031	118.41	BCG live (intravesical), per instillation
J9035	57.08	Injection, bevacizumab, 10 mg
J9040	55.01	Bleomycin sulfate, 15 units
J9041	28.38	Injection, bortezomib, 0.1 mg
J9045	125.47	Carboplatin, 50 mg
J9055	49.64	Injection, cetuximab, 10 mg
J9060	4.96	Cisplatin, powder or solution, per 10 mg
J9062	18.37	Cisplatin, 50 mg
J9070	2.34	Cyclophosphamide, 100 mg
J9080	4.69	Cyclophosphamide, 200 mg
J9090	13.91	Cyclophosphamide, 500 mg
J9091	23.43	Cyclophosphamide, 1 g
J9092	46.86	Cyclophosphamide, 2 g
J9093	0.60	Cyclophosphamide, lyophilized, 100 mg
J9094	1.21	Cyclophosphamide, lyophilized, 200 mg
J9095	3.02	Cyclophosphamide, lyophilized, 500 mg
J9096	6.04	Cyclophosphamide, lyophilized, 1 g
J9097	12.08	Cyclophosphamide, lyophilized, 2 g
J9130	5.29	Dacarbazine, 100 mg
J9140	11.25	Dacarbazine, 200 mg
J9170	297.58	Docetaxel, 20 mg
J9181	0.45	Etoposide, 10 mg
J9182	4.51	Etoposide, 100 mg
J9190	1.68	Fluorouracil, 500 mg
J9201	115.34	Gemcitabine HCl, 200 mg
J9202	189.79	Goserelin acetate implant, per 3.6 mg
J9206	125.58	Irinotecan, 20 mg
J9212	3.59	Injection, interferon Alfacon-1, recombinant, 1 mcg
J9213	30.84	Interferon alfa-2A, recombinant, 3 million units
J9214	13.12	Interferon alfa-2B, recombinant, 1 million units
J9215	8.60	Interferon alfa-N3, (human leukocyte derived), 250,000 IU
J9216	292.24	Interferon gamma-1B, 3 million units

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Code	Global Fee	Description
J9217	253.13	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	13.49	Leuprolide acetate, per 1 mg
J9219	2206.27	Leuprolide acetate implant, 65 mg
J9250	0.20	Methotrexate sodium, 5 mg
J9260	2.16	Methotrexate sodium, 50 mg
J9263	8.24	Injection, oxaliplatin, 0.5 mg
J9265	15.85	Paclitaxel, 30 mg
J9293	321.80	Injection, mitoxantrone HCl, per 5 mg
J9300	2203.67	Gemtuzumab ozogamicin, 5 mg
J9305	40.54	Injection, pemetrexed, 10 mg
J9310	442.01	Rituximab, 100 mg
J9355	52.99	Trastuzumab, 10 mg
J9360	0.96	Vinblastine sulfate, 1 mg
J9370	3.50	Vincristine sulfate, 1 mg
J9375	7.00	Vincristine sulfate, 2 mg
J9380	17.50	Vincristine sulfate, 5 mg
J9390	69.09	Vinorelbine tartrate, per 10 mg
J9395	80.51	Injection, fulvestrant, 25 mg
J9999	I.C.	NOC, antineoplastic drug
Q0136	10.18	Injection, epoetin alpha, (for non ESRD use), per 1,000 units
Q4055	9.76	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
Q4075	0.03	Injection, acyclovir, 5 mg
S0020	2.71	Injection, bupivacaine HCl, 30 ml
S0021	I.C.	Injection, ceftoperazone sodium, 1 gram
S0023	I.C.	Injection, cimetidine HCl, 300 mg
S0028	I.C.	Injection, famotidine, 20 mg
S0077	I.C.	Injection, clindamycin phosphate, 300 mg
S0107	I.C.	Injection, omalizumab, 25 mg
S0162	I.C.	Injection, efalizumab, 125 mg
S0302	9.05	Completed early periodic screening diagnosis and treatment (EPSDT) service (List in addition to code for appropriate evaluation and management service)
T1023	54.87	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

### 17.05: Severability

The provisions of 114.3 CMR 17.00 are severable and if any such provision or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

### REGULATORY AUTHORITY

114.3 CMR 17.00: M.G.L. c. 118G